Plaintiff's Exhibit 105

10859 NORTHERN PERMANENTE FOUNDATION

FULL COVERAGE AGREEMENT

THIS AGREEMENT, made and entered into this ..... day of ....., by and between NORTHERN PERMANENTE FOUNDATION, a Washington corporation, hereinafter called "Permanente" and ..... hereinafter called "Employer".

WITNESSETH:

WHEREAS Permanente operates a hospital and private medical service at Vancouver, Washington, and the employer desires to make available to its employees the hospital and medical service to be furnished by Permanente as hereinafter defined.

NOW THEREFORE IT IS AGREED:

1. Definitions: Where used herein, unless otherwise indicated:

a. The word "member" shall mean a person who is in the employ of employer and who has made written application to employer for the services provided hereunder and who has paid the charges therefor in the manner, amount and at the times herein provided:

b. The term "family member" shall mean only a member's spouse under 65 years of age and unmarried children of said member who are over the age of 30 days and under the age of 19 years, all of whom reside in the same household as member and in whose behalf and for whose benefit member has made written application to employer for the services to such family member for which Permanente has herein obligated itself to furnish and for whose benefit member has paid for such services.

c. The term "subscriber" shall mean and include a member and a family member.

d. The term "hospital" shall mean the Northern Permanente Hospital at Vancouver, Washington and "hospital service" shall mean such service when performed by the Northern Permanente Hospital.

e. The terms "physicians", "surgeon" and "specialist" mean only licensed doctors of medicine on the staff of

the hospital and such other licensed doctors of medicine as Permanente may from time to time designate.

10860 II. *Payroll Deductions*: Employer shall deduct in advance from the earnings due each member at the beginning of each month during the term hereof and pay the same to Permanente within fifteen (15) days thereafter the sum of $2.50 per month for each member, and for each family member as follows: The sum of $2.00 for the spouse of such member, the sum of $1.35 for member's first child, the sum of $0.75 for member's second child and the sum of $0.50 for member's third child; which said sum or sums of money are hereinafter referred to as "dues".

III. *Liability of Permanente*: In consideration of the payments to be made to it by the employer, Permanente hereby agrees to furnish to the extent hereinafter set forth a medical, surgical, hospital and related services to members as set forth in Article IV of this agreement and to furnish a medical, surgical, hospital and related services to family members as set forth in Article V of this agreement. The liability of Permanente to furnish such services to subscribers is subject to the following limitations:

* * * * *

d. All children of a member in excess of three are entitled to the benefits hereby afforded to family members without additional charge to member, but only if member's first three children and spouse, if any, are included as family members.

10861 IV. *Services Available to Members (Other than Family Members)*:

Permanente shall, to the extent herein stated, provide the following medical, surgical, hospital and related services at its Vancouver hospital or at such other hospital as it may designate from time to time:

* * * * *

10862 * * * * *

V. *Services Available to Family Members*: Permanente shall, to the extent herein indicated, furnish the following surgical, hospital and related services to family members at the Foundation's hospital in Vancouver, Washington, or at such other hospital as Permanente may designate from time to time:

a. *Surgical*

b. *Maternity*

10864

VIII. *Emergency Service*: Permanente will pay for and bear the expense (at regular Permanente rate schedules for such services) of emergency care rendered to subscribers in treatment of an illness or injury for which subscriber is eligible to service hereunder, except obstetrical services and hospital services in connection
10865 therewith, when subscriber is away from the Portland-Vancouver metropolitan area and it is impossible for subscriber to apply to the hospital or to the physicians for the rendering of such services; provided that such services be rendered by a licensed doctor of medicine (M. D.), and provided further that the subscriber notify Permanente that he is receiving such service within twenty-four (24) hours. The liability of Permanente to pay for medical and surgical services rendered by licensed doctors of medicine other than the physicians is limited, in the case of family members, to the sum of $100.00 in any one case. If, because of the emergency, subscriber is rendered hospital service by other than the hospital the liability of Permanente to pay for such service is limited to the cost of only twenty-one (21) days of service at the rate of not more than $5.00 per day as to members and a limit of twenty-one (21) days service at the rate of not more than $6.00 per day as to family members. It is understood and agreed that as soon as subscriber's condition will permit, he will be moved to the hospital.

IX. *Out-Patient Service and Clinics*: It is understood that employer will maintain out-patient service clinics in its plant to supply dispensary service to its employees. It is understood and agreed that these clinics will render some services to members and accordingly Permanente agrees to bear such portion of the operating costs of said clinics as may be reasonably allocated to Permanente for such services rendered to members.

Plaintiff's Exhibit 106

10868 NORTHERN PERMANENTE FOUNDATION

MEDICAL AND HOSPITAL AGREEMENT

SPECIAL SERVICE CONTRACT

THIS AGREEMENT, made and entered into by and between NORTHERN PERMANENTE FOUNDATION, a Washington corporation, hereinafter referred to as the "Foundation", and

hereinafter referred to as the "Employer".

WITNESSETH:

WHEREAS, the Foundation operates a hospital and provides medical services at Vancouver, Washington and the Employer desires to make available to his employees hospital and medical services to be provided by the Foundation as hereinafter defined;

NOW, THEREFORE, It is mutually agreed:

• • • • •

3. *MEDICAL AND SURGICAL SERVICES*:

All necessary medical and surgical treatment required by such subscribers for injuries, sickness and conditions hereinafter defined. Such medical and surgical
10869 services shall be rendered at the hospital of the Foundation at Vancouver, Washington, or at clinics established or to be established by the Foundation, or at the offices of physicians or surgeons. Home calls by physicians or nurses will be provided when necessary at a charge to the subscriber of one dollar ($1.00) for each call to cover expense of transportation.

Medical and surgical service furnished hereunder shall be provided for a maximum of twelve (12) months in any one medical or surgical case.

Services of specialist physicians and surgeons of the Foundation staff will be available for the care of subscribers under this agreement. When in the opinion of the attending physician the services of specialists not on the Foundation staff are deemed necessary, the cost of such specialist care will be borne by the Foundation.

• • • • •

5. *HOSPITALIZATION FOR CONTAGIOUS DISEASES*:

The Foundation does not have facilities for the hospitalization of contagious disease cases, however, the Foundation will bear the cost of hospitalization for contagious disease cases outside its facilities subject to the same limitations which are applicable to non-contagious disease and personal injury cases.

* * * * *

10870 * * * * *

8. *EMERGENCY CARE*:

The Foundation will bear the expense of emergency care in the event a subscriber shall be taken sick or meet with a non-occupational personal injury at a time when, or a place where, it is not possible for him or her to apply to the Foundation or to persons or hospitals designated by the Foundation for rendering such services. It is understood, however, that as soon as the subscriber's condition will permit, he shall apply to the Foundation for medical and other services; and provided further, that in any event the Subscriber or someone acting in his behalf, shall notify the Foundation of the fact of the injury or illness and that he is receiving emergency care, and where and from whom. Such notice shall be given to the Foundation at its office in Vancouver, Washington, within forty-eight (48) hours from the start of such emergency care. Failure to give such notice shall relieve the Foundation from any and all liability for such emergency care, excepting only for the said period of forty-eight (48) hours. In any event the maximum liability of the Foundation for emergency care shall be limited to the sum of Two hundred and fifty dollars ($250.00).

9. *MEDICINES, TRANSFUSIONS AND APPLIANCES*:

All necessary medicines and surgical supplies as used or prescribed by the attending physician or surgeon will be furnished during such periods as the subscriber is confined in a hospital. Medicines used or prescribed by the attending physician in out-patient care shall be provided at cost. Professional services for the transfusion of blood or blood plasma will be furnished, but the cost of the blood or blood plasma used shall be borne by the

subscriber. When donors for blood transfusions are provided by the subscriber, no charge shall be made for such transfusions. Temporary orthopedic and other appliances used in the treatment of covered conditions shall be furnished by the Foundation. Permanent corrective appliances shall not be furnished hereunder.

10. *AMBULANCE SERVICE*:

Ambulance service will be provided when necessary within a radius of fifteen (15) miles of the Foundation hospital.

• • • • •

Plaintiff's Exhibit 120

10875 BLUE CROSS

APPROVAL PROGRAM
OF THE
AMERICAN HOSPITAL ASSOCIATION

(Blue Cross Emblem)

AMERICAN HOSPITAL ASSOCIATION

18 East Division Street, Chicago 10, Illinois

10886 • • • • •

11. *Inter-plan coordination.* Individual Blue Cross Plans should coordinate their activities through uniform and equitable policies and procedures which will maximize their service to the entire population throughout the United States and Canada. This applies to (a) convenient transfer of members who change their permanent residence, (b) reciprocal service benefits for subscribers hospitalized outside the enrollment area of their "home" plan, (c) uniform enrollment and billing procedures for employees of national firms enrolled through two or more plans, (d) consolidated billing for employees of national firms which request such procedure.

• • • • •

Plaintiff's Exhibit 132

10900 "C"

OREGON PHYSICIANS' SERVICE

SPECIAL COVERAGE MEDICAL AND HOSPITAL AGREEMENT

(Sickness and Non-Occupational Accidents)

THIS AGREEMENT, made and entered into this ..... day of ....., 19....., by and between OREGON PHYSICIANS' SERVICE, an Oregon corporation with offices located at Salem, Portland and Medford, Oregon, licensed to conduct the business of a hospital association under the laws of the State of Oregon, hereinafter called O.P.S., and ..... hereinafter called the Employer.

WITNESSETH: That O.P.S., for and in consideration of the sum or sums of money paid to it by the Employer, within the time or times hereinafter mentioned, hereby agrees to make available to each employe covered under this contract with the Employer and working in connection with the Employer's operations at ....., from time to time during the life of this contract, as occasion demands, and bear the expense thereof, medical and surgical services, hospital accommodations, ambulance service, dental and other benefits as follows:

1. *Medical and Surgical Service*: O.P.S. will bear the expense of necessary medical and surgical treatment, except as hereinafter set forth, required by any such employe for sickness or non-occupational injuries, when furnished by physicians and surgeons of the staff of O.P.S., who may be called when the illness or injury of the employe is of too serious a nature to permit him to call at a physician's or surgeon's office. It is particularly agreed and understood that each and every employe covered by this contract shall be entitled to unrestricted choice of available physicians from the O.P.S. list of member physicians in the treatment of any illness or injury, excepting that O.P.S. shall retain the right to direct the medical or surgical procedure in every case when, in the opinion of O.P.S., such direction is required for the welfare of the patient.

2. *Emergency Care*: In the event that an injury or illness is sustained within the State of Oregon by an em-

ploye entitled to these benefits and the services of authorized O.P.S. physicians are not available the Employer or the employe may call the nearest available doctor of medicine, licensed by the State Board of Medical Examiners, to render emergency services to such injured or ill employe until such time as an authorized O.P.S. physician can render said employe attention, and the expense of the emergency treatment will be defrayed by O.P.S. at regular O.P.S. rates for such service. It shall be the duty of the Employer or other involved party to immediately notify O.P.S. that said injured or ill employe is in need of medical attention and is being attended by an emergency physician, and the failure so to do shall releive O.P.S. of all further responsibility and care of said employe excepting for actual emergency treatment. Emergency treatment includes surgical operations only when specifically authorized by O.P.S.

• • • • •

5. *Medicines For Hospitalized Patients*: O.P.S. will furnish all necessary medicines, medical and surgical supplies which may be used or prescribed by the physicians or surgeons of O.P.S. in the treatment of said employes while they are receiving necessary care in recognized hospitals.

10901 6. *First Aid Supplies*: First aid supplies for the use of employes in sickness and non-occupational accident cases will be provided and delivered to the Employer, and will be maintained during the life of this contract at such places as may be indicated by the Employer. All unused supplies are to be returned to O.P.S. at the termination of this contract. Whenever feasible, O.P.S. also will furnish first aid supplies for industrial accidents in accordance with the regulations of the industrial insurance carrier.

• • • • •

15. *Exemptions and Limitations:*

• • • • •

10902 • • • • •

To make it financially possible for O.P.S. to furnish all the services stipulated herein, it is agreed between the parties hereto that employes requiring hospital care, surgical operations, or medical services for any

of the conditions named herein, shall be entitled to the same only in hospitals appointed by O.P.S. for rendering such services, and by physicians, surgeons, and specialists listed on the staff of O.P.S. for this purpose.

* * * * *

Plaintiff's Exhibit 191

10905 SPONSORED BY THE OREGON STATE MEDICAL SOCIETY

OREGON'S APPROVED MEDICAL SERVICE PLAN

(Emblem)

OREGON PHYSICIANS' SERVICE

692. Temporary membership O. K. Pending return to State (Subscriber does not live in county of another state bordering on Oregon.)

1214 S. W. SIXTH AVE.
PORTLAND 4, OREGON

Dear

Oregon Physicians' Service is an Oregon Corporation, and we are able therefore to offer our services only to those who are either working or residing within this state.

However, subscribers temporarily outside of the state of Oregon are priviledged to continue their membership for a reasonable period of time; but the dues must be paid in advance for a three month period at the rate of $3.50 per month.

Generally speaking, we are responsible only for *emergency treatment* rendered outside of the state. In that instance, we are responsible in an amount equal to that which we would have paid one of our cooperating doctors or hospitals in this state for the same or similar service.

In most instances, we ask that the subscriber pay the attending physician and hospital and then present the paid receipt to this office together with a statement from the doctor and hospital covering the diagnosis, date of onset of the condition found, dates of service, service rendered on each of those dates and the charge made for each service. If, after receiving the above information, it is found that the condition properly falls within the pro-

visions of the contract, reimbursement is made to the subscriber on the basis previously stated.

In those instance where, for financial reasons, the subscriber is unable to pay the physician or hospital direct, the procedures described above should be followed except for the presentation of a paid receipt. Payment in such cases will be made direct to the physician and hospital by this office with any remaining balances being the subscriber's responsibility.

10906 If your stay outside of this state is to be extended beyond it may be preferable, in view of the limited coverage offered under such circumstances, to terminate your membership as of that date. In that event it is suggested that you contact the nearest office of the Medical Society of your state and inquire concerning transfer of membership to that service plan. Your account is now paid in full through . (It will be necessary for you to remit $ by mail, without delay, to keep your membership active. This amount will pay your account through . Dues delinquent 30 days or more subjects your membership to cancellation.)

Very truly yours,

OREGON PHYSICIANS' SERVICE

Thorne H. Hammond
Executive Assistant
By

F-692

Plaintiff's Exhibit 225

10907 Reimbursing Harold Holt, Consolidated Freightways, Inc., for the following for which he paid:

5/3/47—Kidney X-ray $15.00

St. Elisabeth Hosp., Chicago.

A. C. Howard — Hosp—MCF 2/18 8.

Harold Holt 15.00

10908 CONSOLIDATED (Emblem)

FREIGHTWAYS INC.
2000 W. 32 St.
Chicago 8, Ill.

January 26, 1948

Oregon Physicians Service
471 Pittock Block
Portland 5, Oregon.

Gentlemen:

In going through my 1947 Personal file I noticed that I had not forwarded to you the enclosed Treatment Requisition 83-0430 in amount of $11.00 due Dr. F. Laueranza, 4356 Fullerton Ave., Chicago, Ill. Kindly remit this amount direct to Dr. Laueranza.

During this treatment Dr. ordered me to take an X-Ray to determine whether there were any indications of stones, this was completed at St. Elizabeth Hospital on May 3, 1947, enclosed is a receipted statement in amount of $15.00, this was paid by the writer. Kindly issues check for that amount to me. I am sorry this has been over-looked until this writing.

Harold C. Holt
(Signed) H C Holt

cc Dr. F. Laueranza
4356 W. Fullerton Ave.
Chicago, Ill.

Plaintiff's Exhibit 226

10909

Oregon Physicians' Service

FILE MEMORANDUM 27-0430

NAME Harold Holt	FILE NO.
EMPLOYER OR GROUP Cons. Ft	COVERAGE 1940
HOME ADDRESS TELEPHONE	DATE 7/12/48
PHYSICIAN OR DENTIST St Elizabeth Hosp HOSPITAL	WRITTEN BY Me
BEFORE FILING REFER TO Chicago, Ill	FINAL DISPOSITION

Reimburse

5/3/47 Kidney x Ray $15.00

1-18-48

2-18-48

(1-27-48)

Sent to

G.C. Howard

FILE IN SALEM OFFICE ☐ OREGON PHYSICIANS Service FILE IN PORTLAND OFFICE

ORIGINAL

St. Elizabeth Hospital

1431 N. CLAIBORNE AVE.
Telephone Burgundy 7000-11

No. 24366 Charge to E/3147 19

Received of Harold Holt

Per

Fee

Opr. Room

Anesthetic

X-Ray 5 -

X-Ray Treat.

Laboratory Fee

Dressing

Med.

Telephone Calls

Cast

TOTAL

Cashier

O.P.S.-H.C.HOLT

NE - 5-3-49

Plaintiff's Exhibit 227

10911 CONSOLIDATED (Emblem)

FREIGHTWAYS INC.
Portland, Oregon

April 23, 1947

Harold Holt—Chicago

I have discussed your operation with OPS, and they found in their files a waiver which they say is in your handwriting stating that you had a right inguinal hernia when you signed up for OPS long ago. We also have such a waiver in our files, but they do not have access to our files. They will not pay for anything pre-existent to taking the coverage, and had they noticed the waiver in your file before paying the hospital bill they would not have paid it.

Under the conditions, I am sure you understand that you were fortunate that they have paid as they have so far. I do not know if they will ask you for a reimbursement or not, but they are within their rights if they desire to do so because, as they explained to me, the information they received relative to the operation was not correct. The doctor stated that the onset of this hernia was 4-14-46 and they did not check their records further until I called them about the balance on the bill. Your doctor did not cooperate as most doctors do in accepting the fee schedule paid by OPS, and it may be that he is taking this attitude due to the fact that he is aware of your liability due to having had this condition pre-existent to your OPS subscription.

OPS is not obligated to pay for any condition which was existent at the time of subscribing to their coverage. If they assumed liability for such pre-existing conditions they would have to charge a rate higher than the rate the Government will hang on us if National Socialized Medicine is ever legislated.

A. C. Howard

ACH/kjf

Plaintiff's Exhibit 228

10912 Mr. Harold C. Holt
c/o Consolidated Freightways, Inc.
2000 W. 32nd Street
Chicago, Illinois

Dear Mr. Holt:

A reaudit of your medical file discloses that an error was apparently made by this office in making payment to Highland Park Hospital and to Dr. Grover Grady in connection with your hernia operation of April 14, 1946 in that responsibility was accepted in this case on the basis of information shown on the hospital bill and on the doctor bill indicating date of onset of your hernia as April 14, 1946. It is now discovered that the application card which you completed and signed upon becoming a member of Oregon Physicians' Service carries a statement that at that time you had a right inguinal hernia and that a waiver concerning that condition had been given to your company. The operation reported by Dr. Grady was for a right inguinal hernia.

In view of the fact that our service agreement with your employer under which you are covered specifically excludes responsibility of the service plan for conditions in existence at the time a subscriber's membership begins, it would appear that Oregon Physicians' Service should have paid no part of the surgery or hospital expenses involved. Accordingly, unless there are some extenuating cir-
10913 cumstances in the case of which we are not aware that would indicate otherwise, reimbursement to Oregon Physicians' Service in the amount of $184.90 to cover our payment to you of $99.90 for hospital costs and $85.00 for doctor costs, is in order. We will appreciate receiving your comments on the matter at your earliest convenience.

Very truly yours,

OREGON PHYSICIANS' SERVICE

C. W. Kincaid
Claims Supervisor

CWK:ew
cc to Mr. A. C. Howard

Subscriber please sign requisition below on line provided.

OREGON PHYSICIANS' Service

DIVISION OFFICE
ATWATER 8691

431 PITTOCK BLOCK
PORTLAND 5, OREGON

3

TREATMENT REQUISITION

INDUSTRIAL ACCIDENTS ARE NOT COVERED

Date May 1, 1946

Name Harold C. Holt member since 1940

Address 828 Centerfield Court, Highland Park, Ill.

Employed at Consolidated Freightways, Inc. Code No. _____

has paid dues for the period of Up to date , 19 , and requires treatment for:

(Check One) ☐ SICKNESS ☒ INJURY AWAY FROM WORK

Issued by Harold C. Holt

Signature of Subscriber

SUBSCRIBER! Present this requisition to the doctor at the time of your first call. In any emergency case please obtain requisition as soon as possible. If treatment is necessary for more than one calendar month, another requisition must be taken to the doctor.

DOCTORS! In the blanks provided below please enter (1) date of onset, (2) diagnosis (3) itemized fees (4) continuation of treatment, (5) your name and address.

Summary of Benefits

CHOICE OF DOCTORS. Ask for list of physicians in Oregon.
HOSPITAL. When ordered by staff physician.
MEDICINE. Only while patient is in hospital.
AMBULANCE. When ordered by staff physician.

Exclusions: Conditions existing prior to coverage; industrial accidents; mental diseases; examinations requiring certification; pregnancy or childbirth or their results; pyorrhea; attempted suicide; venereal disease; injuries from professional boxing or wrestling; conditions from excessive use of narcotics or alcoholic beverages; nurse or ambulance for quarantinable or epidemic diseases.

SERVICES IN EMERGENCIES OR OUTSIDE OF OREGON. Only O. P. S. rates allowed.

1. Date of onset April 14, 1946
2. DIAGNOSIS Hernia
3. Itemization of professional services

DATE		FEE
	Hospital room and care 4 [illegible] 46	72.00
	Dressings	.60
	Laboratory fee	5.00
	Medicines	2.40
	Operating room fee	20.00
	Total	100.00

4. Will treatment be continued next month? ☐ Yes ☒ No

Highland Park Hospital
Accounting Department of Hospital
[illegible]

Oregon Physicians' Service

FILE MEMORANDUM 07-0434

NAME [illegible]	FILE NO
EMPLOYER OR GROUP [illegible]	COVERAGE 940
HOME ADDRESS TELEPHONE	DATE 5-21-46
PHYSICIAN OR DENTIST HOSPITAL [illegible]	WRITTEN BY
BEFORE FILING REFER TO [illegible]	FINAL DISPOSITION

Reimburse: Ticpland Lake Hosp.

4/14-23/46 Service Op. $99.90

Room [illegible]
[illegible]
[illegible]
[illegible]
Total 99.90

c/o Cons. Freightways, Inc
7000 N. Broadway Street
Chicago, Ill.

OR

MAY 21 1946

FILE IN SALEM OFFICE ☐

O.P.S.-M.C.-HOSP.
JMB - 5-3-49

7916 H1801

10915

HIGHLAND PARK, ILL. June 13 1946

HIGHLAND PARK HOSPITAL FOUNDATION

HIGHLAND PARK, ILLINOIS

Mr Horace Holt.

Patient's Name _____ Room No. 110

		Per Day Rate	Amount
9 days	Hospital Room and Care From 4/14 To 4/23 at $8 ea		72 -
	Care of Baby		
	Anaesthetic		
	Dressings		50
	Emergency Room Fee		
	Laboratory Fee		5 -
	Maternity Room		
	Medicines		2 40
	Newspapers		
	Nurses' Board		
	Operating Room Fee		20 -
	Telephone		
	Visitor's Cot Meals		
	X-Ray		2 50

PAID
4/23/46
HIGHLAND PARK HOSPITAL

7.90

O.P.S.-H.C.HOLT
JVB - 5-3-49

Subscriber whose sign requisition below on line provided.

OREGON PHYSICIANS' Service

DIVISION OFFICE
ATWATER 8681

471 PITTOCK BLOCK
PORTLAND 5, OREGON

3.

TREATMENT REQUISITION

INDUSTRIAL ACCIDENTS ARE NOT COVERED

Date May 1 - 1946

Name Harold C Holt — number above 5M — Tel 24

Address Rt 1 Centerville Hy. Highland Park

Employer of Consolidated Freightways — Co. Code No.

has paid dues for the period of ..... and requires treatment for:

(Check One) ☐ SICKNESS ☒ INJURY AWAY FROM WORK

Issued by .....

Signature of Subscriber. Harold C. Holt

SUBSCRIBER! Present this requisition to the doctor at the time of your first call. In any emergency case please obtain requisition as soon as possible. If treatment is necessary for more than one calendar month another requisition must be taken to the doctor.

DOCTORS! In the places provided below please enter (1) date of onset, (2) diagnosis (3) itemized fees (4) continuation of treatment, (5) your name and address.

Summary of Benefits

CHOICE OF DOCTORS. Ask for list of physicians in Oregon
HOSPITAL. When ordered by staff physician
MEDICINE. Only, while patient is in hospital.
AMBULANCE. When ordered by staff physician

Exclusions: Conditions active prior to coverage; industrial accidents; mental diseases; examinations requiring certification; pregnancy or childbirth or their results; pyorrhea; attempted suicide; venereal disease; injuries from professional boxing or wrestling; conditions from excessive use of narcotics or alcoholic beverages; nurse or ambulance for quarantinable or epidemic diseases.

SERVICES IN EMERGENCIES OR OUTSIDE OF OREGON: Only, O P S rates allowed

1. Date of onset April 14-1946
2. DIAGNOSIS Rt. inguinal hernia - (Operation)
3. Number of professional services

DATE		FEES
4-14-46	Surgical repair Rt. Inguinal Hernia & after	2000
	effective card.	
May 1-46		

Will treatment be continued and if so, how long? ☐ Yes ☐ No

Grover C. Grady
Attending Physician or Surgeon
(If with Dr., give degree) OR 1185

Oregon Physicians' Service

FILE MEMORANDUM 07-0430

NAME Holt, H. C.	FILE NO.
EMPLOYER OR GROUP Consolidated Freightways	COVERAGE
HOME ADDRESS TELEPHONE	DATE 6/28/46
PHYSICIAN OR DENTIST Grover C. Grady HOSPITAL	WRITTEN BY S.
BEFORE FILING REFER TO Highland Park, Ill.	FINAL DISPOSITION Letter - Ck

Pay to — Dr. Grover C. Grady

4/14 - 5/1/46 - Med. Service $85.00

Rt

Dr. Fitzgerald per Clerk

6-28-46 ck A13198

FILE IN SALEM OFFICE ☐ OREGON PHYSICIANS SERVICE FILE IN PORTLAND OFFICE ☐

O.P.S.-H.C.HOLT
JVB - 5-3-49

8917 10916 7198

10917

DR. GROVER Q. GRADY
HIGHLAND PARK,
ILLINOIS

May 1, 1946

Mr. Harold Holt

828 Centerfield Court Highland Park Illinois

TO PROFESSIONAL SERVICE

$200.00

STATEMENTS RENDERED MONTHLY

10918 4/14—5/1/46—Holt, H. C. $85.00

Highland Park, Illinois Emer Med—MCP

6/29 6.

Dr. Grover Q. Grady 85.00